

HEAD START

I, (We) grant the Head Start Program permission to release the following named child(ren)

to the individuals listed below until I/we provide further notification to the Head Start program:

PICK-UP AT THE CENTER:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE # _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE # _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE # _____

BUS DRIVER DELIVERY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE # _____

Parent/Guardian Signature

Date